# SOUTH CENTRAL BEHAVIORAL HEALTH REGION

## FY 2016 Annual Report

Geographic Area: Serving the counties of Appanoose, Davis, Mahaska and Wapello.

Revised 11/3/2016

# Table of Contents

# *Introduction*

*South Central Behavioral Health Region (SCBHR) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.*

*In compliance with IAC 441-25 the SCBHR Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.*

*The 28E was approved by the Department of Human Services (DHS) on March 24th, 2014. The SCBHR Transition Plan was approved by DHS on June 30, 2014. SCBHR commenced business as a region on July 1st, 2014. The Annual Service and Budget Plan was approved by DHS on July 31st, 2014 and May 13th, 2016. On September 25th, 2014 the revised SCBHR Policies and Procedures Manual was submitted to DHS and it was confirmed to be approved on November 21st, 2014 and then amended and approved on September 22, 2016 adding Mahaska County, written correspondence from Mr. Rick Shults, Administrator-Division of Mental Health and Disability Services.*

*In the following pages this document will demonstrate how SCBHR has unified as a region, standardized business practices across all 4 counties, maintained local access and presence for each of our counties, made effort to become an outcome oriented system of care across all funding sources, and developed needed efforts that have been made to continue to grow service options for individuals and how the region has engaged community partners in the planning and implementation of this developing system under the guidance of the SCBHR Advisory Committee.*

*The SCBHR FY16 Governing Board Members:*

*Steve Siegel-Wapello County, Chair*
*Neil Smith-Appanoose County-Vice Chair*
*Ron Bride-Davis County*
*Mark Doland-Mahaska County*

SCBHR Management Plans are available on the SCBHR Website www.scbhr.org and DHS websites. http://dhs.iowa.gov.

# *Services provided in Fiscal Year 2016:*

Included in this section of the report:
Access Standards for Core Services and what we are doing to meet access standards
Additional Core Services, availability and plans for expansion
Provider Practices and Competencies

- Multi-occurring Capable
- Trauma Informed Care
- Evidence Based Practices

SCBHR contracts with local providers for core and additional core services throughout the 4 county area. SCBHR also honors host regional contracts to ensure that services are available.

## Core Service/Access Standards: Iowa Administrative Code 441-25.3

*The table below lists core services, describes if the region is meeting the access standards for each service, how the access is measured and plans to improve or meet access standards.*

| Code Reference | Standard | Results:<br>• Met Yes/No<br>• By which providers | Comments:<br>• How measured<br>• If not what is plan to meet access standard and how will it be measured |
|---|---|---|---|
| 25.3(1)a | A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region. | Yes<br>Southern Iowa Mental Health Center, Community Health Centers of Southern Iowa, Mahaska Health Partnership, River Hills Community Health Center | Measured by physical presence of these agencies/organizations within region geographic boundaries |
| 25.3(1)b | A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant. | Yes<br>Mahaska Health Partnership (Geriatrics) Ottumwa Regional Hospital (General)<br>Great Rivers Medical Center | Center for Psychiatric Care: Adults 18 years of age and older from the 15-county catchment area in southeast Iowa.<br>Measured by physical presence of these agencies/organizations within region geographic boundaries |

.

| | | | |
|---|---|---|---|
| **Outpatient**: (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation) | | | |
| 25.3(3)a(1) | **Timeliness**: The region shall provide outpatient treatment services.<br><br>Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact. | Yes<br><br>The Community Mental Health Centers listed above follow access standards in Iowa Code Chapter 230A, These centers provide outpatient, medication prescribing and management along with Assessment and Evaluations. | Measured by agency utilization of emergency outpatient appointments.<br><br>SCBHR subcontracts with LISW's on call for after hours and weekends to provide assessments and evaluations. |
| 25.3(3)a(2) | **Urgent:** Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact. | Yes<br><br>The Community Mental Health Centers listed above are required by Iowa Code Chapter 230A and provide urgent outpatient services. | Measured by utilization of same day urgent outpatient appointments. |
| 25.3(3)a(3) | **Routine**: Outpatient services shall be provided to an individual within four weeks of request for appointment. | Yes<br><br>Provider Network: Southern Iowa Mental Health Centers, River Hills Community Health Center, Community Health Centers of Southern IA, Life Solutions (Optimae) Paula Gordy, Centerville Community Betterment, Psychological Services of Ottumwa, Mahaska Health Partnership and First Resources | Measured by application request for service in conjunction with claims information of service as well as utilization of outpatient appointments and direct contact with individual making request. |
| 25.3(3)a(4) | **Proximity**: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community. | Yes | Physical locations of contracted providers covers access standard for the regions geography. Other providers close to region borders are also available to serve individual convenience. |
| **Inpatient**: (Mental Health Inpatient Therapy) | | | |

| | | | |
|---|---|---|---|
| 25.3(3)b(1) | **Timeliness**: The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours. | **Yes**<br><br>Allen Hospital, Broadlawns, Buena Vista Regional Medical Center (Geriatric), Cass County memorial, Covenant Medical Center, Genesis Medical Center, Great River Medical Center, Iowa Lutheran Hospital, Mahaska Health Partners (Geriatric), Mary Greeley Medical Center, MHI, Mercy –Iowa City, Mercy-Clinton, Mercy-Des Moines, Mercy-Dubuque, Mercy-North Iowa, Mercy Sioux, Ottumwa Regional Health Center (General) Satori, Spencer Municipal Hospital, St. Anthony Regional Hospital, St. Luke's-Cedar Rapids , St. Luke's-Sioux city, University of Iowa Hospitals and Clinics | Individuals are able to access local emergency rooms but sometimes refused admittance by inpatient units.<br><br>SCBHR has on call LISW's available to Appanoose and Davis County local Emergency Rooms, to access psychiatry within a few hours. Ottumwa Regional Health Center has access to tele-psychiatry within their own providers. |
| 25.3(3)b(2) | **Proximity**: Inpatient services shall be available within reasonably close proximity to the region. (100 miles) | Yes | Physical locations of contracted providers covers access standard for the regions geography.<br><br>Measured by analysis of placement as provided by documents received, i.e. sheriff transports, hospital notifications, Region applications received, requests for Care Coordination from Hospitals. |
| 25.3(3)c | **Timeliness**: Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks. | Yes<br><br>See Routine Outpatient above | Measured by admission/discharge dates, requests for care coordination, social history information, discharge planning documents, etc. |

**Basic Crisis Response**: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)

| | | | |
|---|---|---|---|
| 25.3(2) & 25.3(4)a | **Timeliness**: Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year. | Yes<br><br>Community Mental Health Centers and Ottumwa Regional Health Center<br><br>Mercy Hospital, Davis Co. Hospital Mahaska Health Partnership | Providers Self-report<br><br>CMHCs either provide or contract with a provider for afterhours crisis line with CMHCs therapist providing on call<br><br>SCBHR sub-contracts with 5 LISW's for afterhours and weekends for on-call for Appanoose and Davis County local E.R and Jails.<br><br>Ottumwa Regional Health Center has access to tele-psychiatry within their own providers. |
| 25.3(4)b | Timeliness: Crisis evaluation within 24 hours. | Yes<br><br>Community Mental Health Centers and Ottumwa Regional Health Center<br><br>Mercy Hospital, Davis Co. Hospital | SCBHR sub-contracts with 5 LISW's for afterhours and weekends for on-call for Appanoose and Davis County local E.R and Jails.<br><br>Ottumwa Regional Health Center E.R. has access to tele-psychiatry within their own providers. |
| **<u>Support for Community Living</u>**: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living) | | | |
| 25.3(5) | **Timeliness**: The first appointment shall occur within four weeks of the individual's request of support for community living. | Yes<br><br>Home Health Aide, Home and Vehicle Modification, Respite, and Supported Community Living<br><br>Providers Network; American Gothic Home Health Care, Comfort Keepers, Centerville Community Betterment, Christian Opportunities, Crest Services, Frist Resources Corporation, Hammer, Home link ,Imagine the Possibilities, Independent | Measured by analysis of application/authorization in conjunction with claims information<br><br>All requests for these services (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living) have been met within the four weeks' timeframe and the service is available however, individuals with complex need or interfering behaviors continue to be a challenge for our community providers.<br><br>SCBHR contracts with First Resources to offer |

| | | | |
|---|---|---|---|
| | | Living of Southern Iowa, Insight Partnership Group, Iowa Home Care, New Focus Optimae, Tenco | transitional housing for up to 3 months until permanent house is able to be established. While in transitional housing the region will fund Habilitation services to help support the client while resources are secured and the client increases independence.<br><br>SCBHR provides gap funding for services while on the ID or BI waiting list or waiting for the IHH to open up the individual.<br><br>SCBHR contracts with Centerville Community Betterment to provide Immediate SCL services that allows for the transitioning in the community out of Oakplace and immediate SCL services. |
| **Support for Employment:** (Day Habilitation, Job Development, Supported Employment, Prevocational Services) | | | |
| 25.3(6) | **Timeliness**: The initial referral shall take place within 60 days of the individual's request of support for employment. | Yes<br><br>Day Habilitation, Job development, Supported Employment, Prevocational Services: First Resources, Optimae, New Focus, Tenco, Van Berean Job Opportunities Christian Opportunities, | Measured by analysis of application/authorization in conjunction with claims information<br><br>Per report from TCM and Care Coordinators, all requests for these services (Day Habilitation, Job Development, Supported Employment, and Prevocational Services) have been met with the 60 day time frame.<br><br>SCBHR is working in conjunction with vocational employers to expand integrated work opportunities and to train vocational employees in Employment First concepts and practices. SCBHR has a Employment First Committee that meets regularly on a monthly biases to build collaboration between provides and funders. Please see narrative for more information. |

| **Recovery Services:** (Family Support, Peer Support) | | | |
|---|---|---|---|
| 25.3(7) | **Proximity**: An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services. | Yes<br><br>Southern Iowa Mental Health Center, Community Mental Health Centers of Southern Iowa., Optimae | The required Peer and Family support training is beginning to become widely available. The SCBHR has encouraged participants to attend trainings at the expense to the region.<br><br>NAMI of Iowa has offered Peer and Family support training to all participants interested in attending, SCBHR offered to help fund transportation along with hotel stays in FY16<br><br>SCBHR currently has NAMI trained peer support in all three counties. |

| **Service Coordination:** (Case Management, Health Homes) | | | |
|---|---|---|---|
| 25.3(8)a | **Proximity**: An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services. | Yes<br><br>South East Iowa Case Management, Southern Iowa Community Mental Health Centers, Community Mental Health Centers of Southern Iowa, South Central Behavioral Health Region, River Hills Community Health Center, Capstone | Not all individuals are served through case management or IHH. SCBHR employs Service Coordinators in each county to meet the coordination needs of individuals not enrolled in Medicaid or not eligible for IHH or case management. |
| 25.3(8)b | **Timeliness**: An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility. | Yes<br><br>Southern Iowa Mental Health Center, Community Mental Health Center of Southern Iowa (IHH's) South Central Behavioral Health Region | Measured by application request for service in conjunction with claims information of service as well as other supporting documents such as court orders, discharge plans, and receipt of assessment/social history documents for region file.<br><br>SCBHR meets the required timeframe of 10 days of the initial request upon referral. No, SCBHR does not manage the IHH enrollment. |

## Additional Core Services Available in Region: Iowa Code 331.397(6)

*The Chart below includes additional core services currently provided or being developed.*

| Service Domain/Service | Available:<br>• Yes/No<br>• By which providers | Comments:<br>• Is it in a planning stage? If so describe. |
|---|---|---|
| **Comprehensive Facility and Community-Based Crisis Services:** 331.397~ 6.a. | | |
| 24-Hour Crisis Hotline | No | SCBHR continues to work across all regions for a statewide developed hotline, this will continue with the hopes that the Crisis Line is RFP'd in 2017 and implemented. |
| Mobile Response | No | SCBHR has engaged in very preliminary discussions with region providers as well as law enforcement on the issue of Mobile response. SCBHR would identify this as a goal for FY 2018. |
| 23-Hour crisis observation & holding | No | SCBHR has been in conversation with Mahaska Health Partnership however no action as of this time |
| Crisis Stabilization Community Based Services | No | No |
| Crisis Stabilization Residential Services | Yes<br>Centerville Community Betterment | SCBHR has contracted for one five bed Crisis Stabilization Residential Program. It opened in April of 2014. Multiple assessment providers have standardized the assessment process for access to the crisis stabilization residential programs. Protocols for care coordination have been made uniform in conjunction with CDS/IHH providers for all crisis stabilization participants. Time frames for participation are also standardized to ensure prompt and meaningful transitions back to an integrated living environment. This service is available 24/7/365 for all residents of the SCBH Region. |
| Transitional Apartments | First Resources | First Resources-Transitional Apartments. SCBHR is currently working on a RFP that will allow for transitional housing in Appanoose, Mahaska and Wapello in FY 2016/2017 |
| **Crisis Residential Services:** 331.397~ 6.b. | | |

| | | |
|---|---|---|
| Subacute Services 1-5 beds | No | |
| Subacute Services 6+ beds | No | |

## Justice System-Involved Services: 331.397~ 6.c.

| | | |
|---|---|---|
| Jail Diversion | Yes | July 1, 2014 SCBHR developed Jail Diversion in all four counties. The model currently used is the Sequential Intercept Model. Each of the four jail systems in our region have an active partnership between the Sheriff/Jail Administration department and the SCBHR Coordinators of Disability Services. The primary focus and efforts thus far has been on Intercept 4 (Reentry). Measurable objectives include provision of resources and supports required to aid in their treatment and recovery. Program involvement, links to community based services, and justice involved recidivism are all being compiled by the CDS office. |
| Crisis Prevention Training | Yes | SCBHR trained trainers/trained employees within the provider network participants. Steps are being taken to expand the numbers of individuals trained in Crisis Prevention specifically the Non-Violent Physical Crisis Intervention and Mandt Models. SCBHR sent four officers to CIT training in FY 2016 in San Antonio. SCBHR will continue to be a part of ITAIC to advocate for training for officers in Iowa. |
| Civil Commitment Prescreening | Yes | Yes, FY 16 five LISW's sub-contracted with SCBHR to assist in prescreening for Civil Commitments after hours and weekends. Wapello County acts a resource coordinator to prescreening for civil commitments with a contract with Southern Iowa Mental Health Center to complete an assessment and evaluation. ORHC has access to LISW's through the provider network to help in assisting with civil commitment prescreening at the local E.R. |
| Other | | SCBHR contracts with Southern Iowa Mental Health Center and Community Health Center of Southern Iowa to provide Tele-Psychiatric Services in Appanoose, Davis and Wapello County Jail. |

## PROVIDER COMPETENCIES

# QSDA

## Quality Service Development, Delivery & Assessment

**I. What are the region's being asked to do as it pertains to MH/DS Service Development, Delivery and Assessment.**

The Regions have identified the following four functions:

- Implement service delivery models- Learning Communities, multi-occurring, culturally capable, evidence based practices, research based practices and trauma informed care.
- Work to ensure that Providers are utilizing Evidence Based Practices and Research Based Practices.
- Identify and collect Social Determinant Outcome data.
- Enter into performance/value based contracts.

The Regions believed it was important to create a unified vision and standardized approach to the operationalization of these tasks. They formed the QSDA Committee for this purpose. Membership in QSDA includes representation from the Regions, Providers, MCOs and individuals familiar with the service delivery system.

**II. QSDA Mission and Values/Guiding Principles**

- **QSDA Mission Statement**: QSDA facilitates a statewide standardized approach to the development and delivery of quality MH/DS services measured through the utilization of outcome standards.
- **QSDA Values/Guiding Principles:**
  - All services should be the best possible.
    - Service Philosophy is based on the 5 Star Quality Model- will always strive to achieve the highest degree of community integration as possible.
      - We have identified the need and value in providing disability support services in the person's home community. We believe individuals with disabilities have the same basic human needs, aspirations, rights, privileges, and responsibilities as other citizens. They should have access to the supports and opportunities available to all persons, as well as to specialized services. Opportunities for growth, improvement, and movement toward independence should be provided in a manner that maintains the dignity and respects the individual needs of each person. Services must be provided in a manner that balances the needs and desires of the consumers against the legal responsibilities and fiscal resources of the Region.
      - We want to support the individual as a citizen, receiving support in the person's home, local businesses, and community of choice, where the array of disability services are defined by the person's unique needs, skills and talents where decisions are made through personal circles of support, with the desired outcome a high quality of life achieved by self-determined relationships.

- We envision a wide array of community living services designed to move individuals beyond their clinically diagnosed disability. Individuals supported by community living services should have community presence (characterized by blending community integration, community participation, and community relationships).
    - Through the use of Evidence Based Practices, (EBP) and Research Based Practices, (RBP), Regions will continually strive to improve service quality.
- Will ensure the use of standardized approaches.
    - Work to develop one set of outcomes.
- Will always strive to be as efficient as possible.
    - Work to create a single data entry system.
    - Coordinated training process.
- Activities must be meaningful.
    - Creation of a Website in an effort to organize resource information, data, activities, training and process tracks. QSDA.iacsn.org

## III. Strategic Action Plan

The following projects define the FY 17 Strategic Action Plan. The FY 17 Plan was developed in FY 16 as many of these projects either began in FY 16 or planning started in FY 16. Projects are grouped within four Strategic

Areas: Service Development, Service Delivery, Service Assessment and System Infrastructure.

- **Service Development**
    - Critical Incident Stress Management, (CISM), team collaboration
        - Website development
        - Scope MIS
        - Develop funding proposal
        - Build MIS
    - Develop a survey to measure Provider proficiency in TI/COCC
        - Develop the survey
        - Populate data to the Website
    - Develop TIC/COCC tool kits based on successful TIC/COCC models.
    - Work with Regional CEOs and ITAIC to map Crisis/Justice services
    - Identify attributes of existing successful Rural/Urban Learning Communities and identify trainings to strengthen a qualified workforce.
    - Create a System of Care “Blue Print” that supports individuals close to home.

- **Service Delivery Work Group**
    - Develop a cost/benefit analysis for measuring fidelity.
        - Develop Methodology
        - Conduct Pilot
        - General application
    - Focus on targeted training for permanent supportive housing and supported employment as determined by need.
    - Encourage Providers to complete internal fidelity assessments for permanent supportive housing and supported employment.
    - Implement EBP and other RBP trainings with IACP and other partners.

- **Service Assessment Work Group**

- Provide initial and ongoing Outcomes training.
  - Develop and utilize updated power point presentation.
- Develop Outcome project Technical Support teams
- Generate Outcome reports from CSN and validate accuracy.
  - Survey Providers and CEOs to establish report content
  - Develop Provider report procedure manual
  - Generate a statewide report
  - Establish data validation process.
- Establish Provider baselines and targets
  - Validate data
  - Generate baseline report
  - Train Regions and Providers on baseline analysis and target setting
  - Determine what supports/incentives are needed to make progress towards targets

- **System Infrastructure**
  - Website – Populate Work Group data and resource information
    - Enter membership info.
    - Create training listing
    - Populate Work Group info.
  - Develop project Technical Support Teams, (TST).
    - Develop TST for employment and housing EBP.
    - Develop TST for Outcome goal setting.
  - Develop a training and sponsorship Process
    - Created a coordinated funding approach with Regions, Community Services Affiliate, Ia. Association of Community Providers and MCOs.
    -

## IV. FY 16 Accomplishments

- Increased QSDA membership
  - QSDA currently has 54 members representing Regions, Providers, DHS and MCOs.
- Implemented and increased participation in the Outcomes Project
  - Currently there are outcomes entered on over 3,400 individuals by approximately 160 Provider Agencies.
- Developed the CSN Provider Portal which is being used to enter outcome data.
- Training Process – Worked with the Iowa Community Services Affiliate, Regions and the Iowa Association of Community Providers to establish a process to coordinate and fund training within the QSDA scope.
- Training
  - Statewide trainings were conducted on Evidence Based Practices, 5 star quality and Trauma Informed Care.
  - Iowa State Association of Counties Fall and Spring School of Instruction – Presented on Provider Incentives, Outcome Project overview, QSDA overview, Learning Communities and Permanent Supportive Housing, Evidence Based Practices and Fidelity.
- EBP Survey was sent to Providers and results summarized
  - Determined which EBPs were being utilized.
  - Measured EBP knowledge.
  - Looked at the level of fidelity.
- Met regularly with Regional CEOs providing updates and recommendations.

- MCOs – had meetings with AmeriHealth and Amerigroup. Are looking at how outcome data may fit in with their reporting and evaluation needs.

*The Chart below is a brief description of the region's efforts to increase provider competencies.*

| Provider Practices | DESCRIBE REGION'S EFFORTS TO INCREASE PROVIDER COMPENTENCY |
|---|---|
| *441-25.4(331)* | *Narrative* |
| *Service providers who provide services to persons with 2 or more of the following co-occurring conditions:*<br>*a. Mental Illness*<br>*b. Intellectual Disability*<br>*c. Developmental Disability*<br>*d. Brain Injury*<br>*e. Substance Use Disorder* | *SCBHR continues to provide financial assistance for providers that are interested in attending trainings. SCBHR has received no request for training in the area of Co-occurring beyond the capacity in which is noted in the narrative. SCBHR has worked closely with Community Health Centers of Southern Iowa, Mahaska Health Partnership and Southern Iowa Mental health Centers since January of 2016 to begin to develop Co-Occurring outpatient treatment with monthly phone conversations and face to face meetings. At current the committee has chosen a curriculum and continue to work through the fidelity scale for evidence based practices.* |
| *Trauma Informed Care* | *Nine of Community Health Centers of Southern Iowa clinical staff have participated in Trauma Focused CBT and six clinical staff have participate in part 1 and 2 EMDR. SCBHR Jail Alternatives Clinician has participated in part 1 and 2 of EMDR.* |

*The Chart below describes the regions efforts towards implementing and verifying fidelity of Evidence Based Practice.*

| EVIDENCE BASED PRACTICE | NO PROGRESS | TRAINING | IMPLEMENTING PIECES | FIDELITY INDEPENDENTLY VERIFIED | DESCRIBE REGIONS EFFORTS TO INCREASE PROVIDER COMPENTENCY IN EVIDENCE BASED PRACTICES |
|---|---|---|---|---|---|
| *Core: IAC441-25.4(3)* | *List agencies* | *List agencies* | *List Agencies* | *How are you verifying? List Agencies* | *Narrative* |
| Assertive Community Treatment or Strength Based Case Management | Mahaska County Case Management<br><br>Community Mental Health Centers of Southern Iowa, Capstone | Southern Iowa Mental Health Center, South East Iowa Case Management | Yes | No | SCBHR has participated in trainings and discussions with the identified agencies on the plausibility of ACT services in our 4 county region. Because of the geographies, disbursement of population bases, anticipated utilization rates, financial sustainability, and lack of available professional resources it is not plausible to do a true EBP ACT program but a modification for Rural ACT services is being investigated in partnership with other MHDS regions with similar barriers and obstacles.<br><br>There are no evidence-based models for individuals with intellectual and /or developmental disabilities. Targeted Case Management for individuals with mental illness was phased out as those individuals transitioned into an Integrated Health Homes contracted through the Iowa Plan.<br><br>Southern Iowa Mental Health Center attended Training and South East Iowa Case Management to address person centered care coordination to move toward Strength Based Case Management. |

| | | | | | |
|---|---|---|---|---|---|
| Integrated Treatment of Co-Occurring SA & MH | | Community Health Centers of Southern Iowa, Mahaska Health Partnership, Optimae, Southern Iowa Mental Health Center, Centerville Community Betterment | Community Health Centers of Southern Iowa, Mahaska Health Partnership, Optimae, Southern Iowa Mental Health Center, Centerville Community Betterment | No | *SCBHR has worked closely with Community Health Centers of Southern Iowa, Mahaska Health Partnership and Southern Iowa Mental health Centers since January of 2016 to begin to develop Co-Occurring outpatient treatment with monthly phone conversations and face to face meetings. At current the committee has chosen a curriculum and continue to work through the fidelity scale for evidence based practices.*<br><br>Based on providers report, Integrated Treatment of Co-Occurring SA & MH takes place at the Crisis Residential House in Appanoose County. Monthly reports indicate that clients serve most often times are both SA and MH. Therefore integrated treatment to include the addressing both the SA and MH through the WRAP plan. SCBHR has done no formal training in this area. |
| Supported Employment | Optimae | First Resources<br>Southern Iowa Mental Health Center<br>Tenco<br>Van Buren Job Opportunities<br>Christian Opportunities Center | First Resources<br>Southern Iowa Mental Health Center<br>Tenco<br>Van Buren Job Opportunities<br>Christian Opportunities Center | No | SCBHR offered a training through APSE; 2 full days that addressed APSE Job Development/APSE Job Coaching and one day of book training. The training took place in FY 2015. |
| Family Psychoeducation | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Illness<br><br>Management and Recovery | | Community Health Centers of Southern Iowa, Mahaska Health Partnership, Southern Iowa Mental Health Center, Centerville Community Betterment | Yes | No | Southern Iowa Mental Health Center actively participates in trainings on an ongoing basis to address illness recovery/management goals development. |
| Permanent Supported Housing | **Residential Providers that choose not to participate**:<br><br>Centerville Community Betterment<br><br>Comfort Keepers<br><br>Tenco | American Home Gothic<br><br>Crest<br><br>First Resources<br><br>Insight Partnership<br><br>Optimae | American Home Gothic<br><br>Crest<br><br>First Resources<br><br>Insight Partnership<br><br>Optimae | No | SCBHR CEO/CDS has participated in training, reviewed SAMSHA material, toured an existing PSH program, and has created draft policy and procedure documents for the program. This will continue to be investigated in FY16 with further analysis of financial implications and feasibility. YFY 2016 PSH program began and the region agreed to provide ongoing rent and utilities for clients within the guidelines of qualification. Unfortunately our providers do not yet have the tools to fully understand the philosophy behind PSH evidence base practice. Going forward in FY 2017 it is the hope of SCBHR that more trainings are offered in this area and we can move towards fidelity.<br><br>SCBHR did contracted with RHD to provide one to one assistance with providers to help alignment of current residential programs |

| EVIDENCE BASED PRACTICE | NO PROGRESS | TRAINING | IMPLEMENTING PIECES | FIDELITY INDEPENDENTLY VERIFIED | WHAT IS THE REGION DOING TO INCREASE PROVIDER COMPENTENCY IN EVIDENCE BASED PRACTICES |
|---|---|---|---|---|---|
| *Additional Core: 331:397(6)d* | *List agencies* | *List agencies* | *List Agencies* | *How are you verifying? List Agencies* | *Narrative* |
| Positive Behavioral Support | | | | | |
| Peer Self Help Drop In Center | | | Southern Iowa Mental Health Center and Optimae | No | SCBHR has one Peer Drop In Center within our borders. This is a valued service to those in need and provides the opportunity for community integration and the development of natural supports that are instrumental to the development of a healthy lifestyle. There is no restrictive nature to these programs and have received personal testimony what a positive experience personal participation has had in the lives of those that utilize the service. |
| Other Research Based Practice: IE IPR<br>IAC 331.397(7) | | | First Resources<br>Optimae | No | SCBHR has not done any formal training in this areas; however has paid for IPR services for clients in IPR. |

# *Individuals Served in Fiscal Year 2016*

This section includes:

- the number of individuals in each diagnostic category funded for each service
- unduplicated count of individuals funded by age and diagnostic category

*This chart lists the number of individuals funded for each service by diagnosis.*

| Age | Account | Code | MI | ID | DD | BI | Total |
|---|---|---|---|---|---|---|---|
| Adult | 31354 | Transportation - General | 9 | | | | 9 |
| Adult | 32329 | Support Services - Supported Community Living | 99 | 2 | 2 | 1 | 104 |
| Adult | 32335 | Consumer-Directed Attendant Care | | | | 1 | 1 |
| Adult | 32399 | Support Services - Other | | | | | |
| Adult | 33330 | Mobile Meals | | | | | |
| Adult | 33332 | Basic Needs - Food & Provisions | | | | | |
| Adult | 33341 | Basic Needs - Utilities | | | | | |
| Adult | 33345 | Basic Needs - Ongoing Rent Subsidy | 109 | | | | 109 |
| Adult | 33399 | Basic Needs - Other | 44 | | | | 44 |
| Adult | 41305 | Physiological Treatment - Outpatient | 5 | | | | 5 |
| Adult | 41306 | Physiological Treatment - Prescription Medicine/Vaccines | 257 | | | | 257 |
| Adult | 42304 | Psychotherapeutic Treatment - Acute & Emergency Treatment | | | | | |
| Adult | 42305 | Psychotherapeutic Treatment - Outpatient | 23 | | | | 23 |
| Adult | 42396 | Psychotherapeutic Treatment - Community Support Programs | | | | | |
| Adult | 43301 | Evaluation (Non Crisis) - Assessment and Evaluation | 31 | | | | 31 |
| Adult | 44301 | Crisis Evaluation | 77 | | | | 77 |
| Adult | 44305 | 24 Hour Crisis Response | | | | | |
| Adult | 46305 | Mental Health Services in Jails | 242 | | | | 242 |
| Adult | 46319 | Iowa Medical & Classification Center (Oakdale) | 8 | | | | 8 |
| Adult | 50360 | Voc/Day - Sheltered Workshop Services | | | | | |
| Adult | 50362 | Voc/Day - Prevocational Services | 10 | 2 | | | 12 |
| Adult | 50364 | Voc/Day - Job Development | | | | | |
| Adult | 50368 | Voc/Day - Individual Supported Employment | 6 | 2 | | | 8 |
| Adult | 63329 | Comm Based Settings (1-5 Bed) - Supported Community Living | | | | | |
| Adult | 64314 | Comm Based Settings (6+ Beds) - RCF | 22 | | | | 22 |
| Adult | 64316 | Comm Based Settings (6+ Beds) - RCF/PMI | | | | | |
| Adult | 64399 | Comm Based Settings (6+ Beds) - Other | | | | | |
| Adult | 71319 | State MHI Inpatient - Per diem charges | 8 | | | | 8 |
| Adult | 73319 | Other Priv./Public Hospitals - Inpatient per diem charges | 4 | | | | 4 |
| Adult | 73399 | Other Priv./Public Hospitals - Other (non inpatient charges) | | | | | |
| Adult | 74300 | Commitment - Diagnostic Evaluations | 18 | | | | 18 |
| Adult | 74301 | Civil Commitment Prescreening | | | | | |
| Adult | 74353 | Commitment - Sheriff Transportation | 183 | | | | 183 |
| Adult | 74393 | Commitment - Legal Representation | 171 | | | | 171 |
| Adult | 75395 | Mental Health Advocate - General | 216 | | | | 216 |
| Child | 32329 | Support Services - Supported Community Living | | | | | |
| Child | 33345 | Basic Needs - Ongoing Rent Subsidy | 1 | | | | 1 |
| Child | 41306 | Physiological Treatment - Prescription Medicine/Vaccines | 2 | | | | 2 |
| Child | 43301 | Evaluation (Non Crisis) - Assessment and Evaluation | 4 | | | | 4 |
| Child | 44305 | 24 Hour Crisis Response | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Child | 46305 | Mental Health Services in Jails | 4 | | | | 4 |
| Child | 74300 | Commitment - Diagnostic Evaluations | 2 | | | | 2 |

*The chart below shows the unduplicated count of individuals funded by diagnosis*

| Disability Group | Children | Adult | Unduplicated Total | DG |
|---|---|---|---|---|
| Mental Illness | 18 | 853 | 871 | 40 |
| Mental Illness, Intellectual Disabilities | 0 | 0 | 0 | |
| Mental Illness, Other Developmental Disabilities | 0 | 1 | 1 | 40,43 |
| Intellectual Disabilities | 0 | 6 | 6 | 42 |
| Other Developmental Disabilities | 0 | 1 | 1 | 43 |
| Brain Injury | 0 | 2 | 2 | 47 |
| Total | 18 | 863 | 881 | 99 |

# *Moneys Expended*

This section includes:

- Funds expended for each service
- Revenues
- County Levies

*The chart below show the regional funds expended by service and by diagnosis.*

| FY 2016 GAAP | South Central Behavioral Health Region | MI (40) | ID(42) | DD(43) | BI (47) | Admin (44) | Total |
|---|---|---|---|---|---|---|---|
| **Core Domains** | | | | | | | |
| **COA** | **Treatment** | | | | | | |
| **43301** | **Assessment & evaluation** | **$ 4,940** | | | | | **$4,940** |
| **42305** | **Mental health outpatient therapy** | **$ 11,029** | | | | | **$11,029** |
| **42306** | **Medication prescribing & management** | **$ 2,016** | | | | | **$2,016** |
| **71319** | **Mental health inpatient therapy-MHI** | **$ 237,803** | | | | | **$237,803** |
| **73319** | **Mental health inpatient therapy** | **$ 21,156** | | | | | **$21,156** |
| | **Basic Crisis Response** | | | | | | |
| **32322** | **Personal emergency response system** | | | | | | **$ -** |
| **44301** | **Crisis evaluation** | **$ 74,274** | | | | | **$74,274** |
| **44305** | **24 hour access to crisis response** | **$ 1,100** | | | | | **$1,100** |
| | **Support for Community Living** | | | | | | |
| **32320** | **Home health aide** | **$ 700** | | | | | **$700** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **32325** | **Respite** | | | | | | **$ -** |
| **32328** | **Home & vehicle modifications** | | | | | | **$-** |
| **32329** | **Supported community living** | **$ 220,658** | **$ 2,490** | **$5,241** | **$ 10,265** | | **$238,654** |
| | **Support for Employment** | | | | | | |
| **50362** | **Prevocational services** | **$ 22,938** | **$ 1,878** | | | | **$24,816** |
| **50367** | **Day habilitation** | | | | | | **$ -** |
| **50364** | **Job development** | | | | | | **$ -** |
| **50368** | **Supported employment** | **$ 756** | **$ 3,000** | | | | **$ 3,756** |
| **50369** | **Group Supported employment-enclave** | | | | | | **$-** |
| | **Recovery Services** | | | | | | |
| **45323** | **Family support** | | | | | | **$ -** |
| **45366** | **Peer support** | | | | | | **$-** |
| | **Service Coordination** | | | | | | |
| **21375** | **Case management** | | | | | | **$-** |
| **24376** | **Health homes** | | | | | | **$-** |
| | **Core Evidenced Based Treatment** | | | | | | |
| **04422** | **Education & Training Services - provider competency** | | | | | | **$ -** |
| **32396** | **Supported housing** | **$ 40** | | | | | **$ 40** |
| **42398** | **Assertive community treatment (ACT)** | | | | | | **$-** |
| **45373** | **Family psychoeducation** | | | | | | **$ -** |
| | **Core Domains Total** | **$ 597,410** | **$ 7,368** | **$ 5,241** | **$ 10,265** | | **$620,284** |
| **Mandated Services** | | | | | | | |
| **46319** | **Oakdale** | **$ 14,400** | | | | | **$ 14,400** |
| **72319** | **State resource centers** | | | | | | **$-** |
| **74XXX** | **Commitment related (except 301)** | **$ 110,198** | | | | | **$110,198** |
| **75XXX** | **Mental health advocate** | **$ 46,443** | | | | | **$46,443** |
| | **Mandated Services Total** | **$ 171,041** | **$ -** | **$ -** | **$ -** | | **$171,041** |
| **Additional Core Domains** | | | | | | | |
| | **Comprehensive Facility & Community Based Crisis Services** | | | | | | |
| **44346** | **24 hour crisis line** | | | | | | **$ -** |
| **44366** | **Warm line** | | | | | | **$ -** |
| **44307** | **Mobile response** | | | | | | **$-** |
| **44302** | **23 hour crisis observation & holding** | | | | | | **$ -** |
| **44312** | **Crisis Stabilization community-based services** | | | | | | **$-** |
| **44313** | **Crisis Stabilization residential services** | **$ 337,250** | | | | | **$337,250** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Sub-Acute Services** | | | | | | |
| **63309** | **Subacute services-1-5 beds** | | | | | | **$ -** |
| **64309** | **Subacute services-6 and over beds** | | | | | | **$ -** |
| | **Justice system-involved services** | | | | | | |
| **46305** | **Mental health services in jails** | **$ 149,625** | | | | | **$149,625** |
| **25xxx** | **Coordination services** | | | | | | **$-** |
| **46422** | **Crisis prevention training** | | | | | | **$ -** |
| **46425** | **Mental health court related costs** | | | | | | **$ -** |
| **74301** | **Civil commitment prescreening evaluation** | | | | | | **$-** |
| **46399** | **Justice system-involved services-other** | | | | | | **$ -** |
| | **Additional Core Evidenced based treatment** | | | | | | |
| **42397** | **Psychiatric rehabilitation (IPR)** | | | | | | **$-** |
| **42366** | **Peer self-help drop-in centers** | **$ 78,702** | | | | | **$ 78,702** |
| | **Additional Core Domains Total** | **$ 565,577** | **$ -** | **$ -** | **$ -** | | **$565,577** |
| **Other Informational Services** | | | | | | | |
| **03XXX** | **Information & referral** | | | | | | **$-** |
| **04XXX** | **Consultation (except 422)** | **$ 137,000** | | | | | **$137,000** |
| **05XXX** | **Public education** | **$ 43,633** | | | | | **$43,633** |
| | **Other Informational Services Total** | **$ 180,633** | **$ -** | **$ -** | **$ -** | | **$180,633** |
| **Other Community Living Support Services** | | | | | | | |
| **06399** | **Academic services** | | | | | | **$-** |
| **22XXX** | **Services management** | **$ 186,933** | **$ 1,008** | **$ 1,000** | **$ 500** | | **$189,441** |
| **23376** | **Crisis care coordination** | | | | | | **$ -** |
| **23399** | **Crisis care coordination other** | | | | | | **$-** |
| **24399** | **Health home other** | | | | | | **$-** |
| **31XXX** | **Transportation** | **$ 6,847** | | | | | **$6,847** |
| **32321** | **Chore services** | | | | | | **$ -** |
| **32326** | **Guardian/conservator** | | | | | | **$-** |
| **32327** | **Representative payee** | | | | | | **$ -** |
| **32399** | **Other support** | | | | | | **$-** |
| **32335** | **CDAC** | | | | **$ 3,399** | | **$ 3,399** |
| **33330** | **Mobile meals** | | | | | | **$ -** |
| **33340** | **Rent payments (time limited)** | | | | | | **$ -** |
| **33345** | **Ongoing rent subsidy** | **$ 157,307** | | | | | **$157,307** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **33399** | **Other basic needs** | **$ 14,194** | | | | | **$14,194** |
| **41305** | **Physiological outpatient treatment** | **$ 404** | | | | | **$ 404** |
| **41306** | **Prescription meds** | **$ 73,794** | | | | | **$73,794** |
| **41307** | **In-home nursing** | | | | | | **$ -** |
| **41308** | **Health supplies** | | | | | | **$-** |
| **41399** | **Other physiological treatment** | | | | | | **$ -** |
| **42309** | **Partial hospitalization** | | | | | | **$-** |
| **42310** | **Transitional living program** | | | | | | **$-** |
| **42363** | **Day treatment** | | | | | | **$ -** |
| **42396** | **Community support programs** | | | | | | **$ -** |
| **42399** | **Other psychotherapeutic treatment** | | | | | | **$ -** |
| **43399** | **Other non-crisis evaluation** | | | | | | **$-** |
| **44304** | **Emergency care** | **$ 35,250** | | | | | **$35,250** |
| **44399** | **Other crisis services** | | | | | | **$-** |
| **45399** | **Other family & peer support** | | | | | | **$-** |
| **50361** | **Vocational skills training** | | | | | | **$ -** |
| **50365** | **Supported education** | | | | | | **$ -** |
| **50399** | **Other vocational & day services** | | | | | | **$-** |
| **63XXX** | **RCF 1-5 beds** | | | | | | **$ -** |
| **63XXX** | **ICF 1-5 beds** | | | | | | **$ -** |
| **63329** | **SCL 1-5 beds** | | | | | | **$ -** |
| **63399** | **Other 1-5 beds** | | | | | | **$ -** |
| | **Other Comm Living Support Services Total** | **$ 474,729** | **$ 1,008** | **$ 1,000** | **$ 3,899** | | **$480,636** |
| **Other Congregate Services** | | | | | | | |
| **50360** | **Work services (work activity/sheltered work)** | | | | | | **$-** |
| **64XXX** | **RCF 6 and over beds** | **$ 269,536** | | | | | **$269,536** |
| **64XXX** | **ICF 6 and over beds** | | | | | | **$ -** |
| **64329** | **SCL 6 and over beds** | | | | | | **$-** |
| **64399** | **Other 6 and over beds** | | | | | | **$-** |
| | **Other Congregate Services Total** | **$ 269,536** | **$ -** | **$ -** | **$ -** | | **$269,536** |
| **Administration** | | | | | | | |
| **11XXX** | **Direct Administration** | | | | | **$374,751** | **$374,751** |
| **12XXX** | **Purchased Administration** | | | | | | **$-** |
| | **Administration Total** | | | | | **$374,751** | **$374,751** |
| | | | | | | | |
| | **Regional Totals** | **$ 2,258,926** | **$ 8,376** | **$ 6,241** | **$ 14,164** | **$374,75** | **$2,662,458** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **(45XX-XXX)County Provided Case Management** | | | | | | | **$ -** |
| **(46XX-XXX)County Provided Services** | | | | | | | **$ -** |
| | | | | | | | |
| | **Regional Grand Total** | | | | | | **$2,662,458** |
| | | | | | | | |
| **Transfer Numbers** | | | | | | | |
| **13951** | **Distribution to MHDS regional fiscal agent from member county** | | | | | | |
| **14951** | **MHDS fiscal agent reimbursement to MHDS regional member county** | | | | | | |



## Revenue

| | FY16 Contributions to the Regional Fiscal Agent |
|---|---|
| Appanoose | 218,253 |
| Davis | 163,456 |
| Mahaska | 349,856 |
| Wapello | 536,095 |
| Total | 1,267,660 |

| South Central Behavioral Health Region | | |
|---|---|---|
| | | |
| **Accrual Audited Regional Fund Balance as of 6/30/15** | | **$ 5,810,376** |
| **Local/Regional Funds** | | $ 2,434,577 |
| Property Taxes-Current & Delinquent | $ 2,074,125 | |
| Other County Taxes | $ 39,589 | |
| Utility Tax Replacement Excise Taxes | $ 135,063 | |
| Charges for Services | $ 5,351 | |
| Interest | | |
| Use of Money & Property | | |
| Other Governmental Revenues | $ 172,752 | |
| Miscellaneous | $ 7,667 | |
| | | |
| **State Funds** | | **$ 165,912** |
| State Tax Credits | $ 105,417 | |
| Other State Replacement Credits | $ 60,495 | |
| MHDS Equalization | | |
| MHDS Allowed Growth // State Gen. Funds | | |
| State Payment Program | | |
| | | |
| **Federal Funds** | | **$ 287,104** |
| Social Services Block Grant | | |
| Medicaid | $ 287,104 | |
| | | |
| **Total Revenues** | | $ 2,887,593 |
| | | |
| **Total Funds Available for FY16** | $ 8,697,969 | |
| **FY16 GAAP Regional Expenditures** | $ 2,662,458 | |
| **GAAP Fund Balance as of 6/30/16** | $ 6,035,511 | |

| South Central Behavioral Health Region | 2013 Est. Pop. | 47.28 Per Capita Levy | Base Year Expenditure Levy | FY16 Max Levy Before Offset | Amount County had to reduce Levy | FY2016 Max Levy after offset | FY16 Actual Levy | Actual Levy Per Capita |
|---|---|---|---|---|---|---|---|---|
| Appanoose | 12,692 | 600,078 | 607,651 | 600,078 | 104,548 | 495,530 | 495,530 | 39.04 |
| Davis | 8,791 | 415,638 | 426,870 | 415,638 | 65,657 | 349,981 | 349,981 | 39.81 |
| Mahaska | 22,417 | 1,059,876 | 1,227,887 | 1,059,876 | 284,193 | 775,683 | 448,340 | 20.00 |
| Wapello | 35,391 | 1,673,286 | 2,447,733 | 1,673,286 | 569,102 | 1,104,184 | 1,104,184 | 31.20 |
| **Region** | **79,291** | **3,748,878** | **4,710,141** | **3,748,878** | **1,023,500** | **2,725,378** | **2,398,035** | **30.24** |

# Outcomes achieved in Fiscal Year 2016:

*SCBHR retained our previous access points and added access points to include Mahaska County Community Services and Mahaska Health Partnership. All access points continue to be trained on the SCBHR Management Plan and the criteria for services. SCBHR continues to provide information and training to all access points.*

*Service Access and Service Authorization Process, the process to service remains the same including criteria for eligibility. SCBHR has available local offices in each of the four counties to ensure access to services. As the region has standardized in the services access standards and service authorization process.*

*SCBHR continues to designated Southeast Iowa Case Management and Mahaska County Case Management as the Region's Targeted Case management entities as identified in the Transitional Plan.*

*SCHBR service network continues to remain the same; as providers have become more cohesive and continue to increase collaboration supported by the region's encouragement to work together through the Advisory Committee.*

*Establish business functions, funds accounting procedures, and other administrate processes continue to remain the same. SCBHR 28E had two amendments in FY16. The region continued to utilize administrative staff at the local level to perform functions and responsibilities listed in the SCBHR Transitional Plan. In FY 16, Mahaska County joined South Central Behavioral Health Region on November 1st, 2015.*

*Iowa Association of Counties continues to host the Community Services Network (CSN) a data management system: this allows the counties/regions to roll up data and create reports at a regional level. In FY 16 services were paid at the regional level; services paid at the regional level included Service Management, Core and Core plus, Crisis Residential Stabilization Services and Administration. As the region continues to shape business practices data becomes more consistent in the CSN system which allows for better reporting.*

*SCBHR continues to comply with data reporting and information technology requirements identified by the department through the use of CSN. SCBHR inputs all client information along with funding agreements, provider rates and claim payment history to provide up to date reports to DHS. The CEO is responsible to enter in all budget and financial information which is done at the beginning of each fiscal year. CSN is set up with local county budgets and with a regional budget; as claims are processed and reconciled it is the CEO's responsibility that claims paid fall under the scope of services authorized by the SCBHR Management Plan.*

*QSDA FY 16 Regional Outcome report for South Central Behavioral Health Region documented that a total number of 63 non-Medicaid clients in total were served. Outcomes were measured in Community Integration 91%, Employment 12%, Housing 55% and Somatic Care 92%. SCBHR will be requiring that all client both non Medicaid and Medicaid be in the system by the end of March 2017.*

*Oak Place Crisis Residential Stabilization House was opened in April of 2014. The home has served as a diversion service to mental health inpatient hospitalization. The level of service allows mental health patients who are in crisis because of psych-social issues a short term bed in the community. The program offers therapy daily by a licensed mental health therapist in addition to a safe place to stay, medication management, connections to county relief funds for tangible help with rent, utilities, transportation, food and other needs as identified.*

*Centerville Community Betterment, Inc., through its Oak Place Program has implemented practices consistent with EBP, evidenced Based Practices. Oak Places uses WRAP, Wellness Recovery Program with all of its residents. The Program is adaptable to individuals with co-occurring conditions such as ID, DD, BI and SA. All admitted patients, 69 total in fiscal year 2015-16 were treated with WRAP. The treatment modality was measured by the use of a BSI, Brief Symptoms Inventory that measure physical and emotional symptoms of mental health. After one year of service provision, the program has provided 68 people treatment through care plans. Of those, the average BSI score dropped 20 points. The lower the score, the less physical and psychological symptoms the patient is feeling at the time. The raw score data was analyzed with a two-tiered- t-test. The results showed a statistically significant (<.05) change in patients self- assessment of their physical and emotional well-being. While the primary diagnosis at Oak Place is mental illness, at least 75% of all admissions came to Oak Place with either an illegal substance or pain medication that was not prescribed to them upon admission. WRAP does work with individuals trying to recover from substance abuse. The program is voluntary so those who were in physical and mental crisis, and also addicted to a drug, generally left after their physical needs (food, showers, clothing and shelter) were met. Those who were serious about getting better sought substance abuse evaluations and treatment concurrently with stabilizing their mental health. Substance abuse counselors are not a service within Oak Place. Oak Place assisted patients in next day evaluations through SIEDA Drug and alcohol, unless they already had a SA counselor. The main drug was cannabis, followed by illegal pain medications.*

*On April 1st, 2015 SCBHR contracted with Southern Iowa Mental Health Center to provide two hours of tele psychiatric services every Monday, to admitted patients at the Stabilization House. In FY 2016 SCBHR began a contract with the Community Health Centers of Southern Iowa to provide one hour weekly to Oak place for admission and evaluations. SCBHR along with the community providers felt that this contract will allow for a continuum of care in the community.*

*In FY 15, Wapello County Community Services was asked by the Clerk of Court and Magistrate Judges to process and notarize all MH/SA Court Committals, this allows for SCBHR Community Services office to become the point of access for all filings. FY 16 reported number of person serviced 77, 2 filings dropped and 24 choose to access outside resources and 51 filed.*

*SCBHR provides Emergency Pre-Screening of mentally ill individuals in two counties. The SCBHR developed, in collaboration with Mercy Medical Center – Centerville, Iowa and Davis County Hospital, Bloomfield, Iowa, contracts that enabled local licensed mental health treatment providers to complete an assessment to help the ER personnel assess and diagnose mentally ill patients for appropriateness for inpatient treatment. If the evaluation process identifies a lower level of treatment the On Call therapist makes appropriate contacts/referrals to services locally that are immediately available to patients. From 7/1/2014 to 6/30/2015 a total of 81 patients were pre-screened. Of those 78 were E.R referrals, 3 Law Enforcement referrals. Of those referrals only 21were identified as needing inpatient level of care, 28 were referred to Oak Place and 49 were provided care in the community.*

*Late 2013, the South Central Behavioral Health Region (comprised of Appanoose, Davis and Wapello Counties of Iowa, referred to as SCBHR) began building strategic conversations to begin partnering and developing a plan with stakeholders, to address the increasing demands that our county jails were facing with inmates, having had mental health and co-occurring mental health and substance abuse issues On July 1st, 2014 SCBHR Region launched the Jail Alternatives Program funded by the SCBHR. Judi Fox, LMSW, CADC was hired as the Jail Alternatives Coordinator. The Program's mission is to provide an opportunity for treatment and services to individuals with mental health and co-occurring mental health and substance use disorders who have come into contact with the criminal justice system. The program works to connect individuals to the appropriate level of community-based treatment for their mental health and co-occurring needs in hopes of improving their overall quality of life and reducing their involvement in the criminal justice system. In FY 2016 Judi began running a women and men's Co-Occurring Group and offering individual therapy to inmates in the three jails. Inmates have documented in letter writing the tremendous appreciate and the affects that these group/individual therapy appointments has had on them during their time in jail. Reaffirming their hunger for treatment; which supports the overwhelming follow through to the community services offices. A total number of clients*

*presenting to the local office after release between 7/1/2015-6/30/2016 is 68. Mahaska County was added to the Jail Alternatives program in November 2015.*

*In August, 2015 by South Central Behavioral Health Region, to develop regional implementation strategies that advances the principles and practices of Employment First including changing the model from sheltered to integrated employment. Integrated employment is defined as minimum wage or above in an integrated setting, one person in one job. South Central Behavioral Health Region created the coalition for Integrated Employment which consist of the following participants; Amerigroup Iowa, AmeriHealth Caritas Iowa, Christian Opportunity Center, First Resources, Iowa Works, Iowa Vocational Rehabitation Services, University of Iowa (SueAnn Morrow/ APSE) Optimae, Southern Iowa Mental Health Center, Tenco, Van Buren Job Opportunities, United Health Care. One purpose of the coalition was to rebrand their services as more of a business to business model. After several meetings, representatives from TransCen, Inc were asked to participate in the monthly coalition meetings. SCBHR will begin to address the needs assessment to advance Employment First principles and practices that will continue to address Supported Employment Evidence Based Practices. At current SCBHR is working with Vocational Rehabilitation to obtain a pilot project grant that will distribute resources within the region to enhance the vocational providers to strive toward employment first. As the CEO, I have been in contact with David Mitchell, who along with SueAnn Morrow will be advocating for the Region Pilot Grant to be awarded to SCBHR.*

*SCBHR continues to stride toward Integrated Treatment for Co-Occurring Disorders. SCBHR has worked closely with Community Health Centers of Southern Iowa, Mahaska Health Partnership and Southern Iowa Mental Health Centers since January of 2016, to begin to develop Co-Occurring outpatient treatment with monthly phone conversations and face to face meetings. At current the committee has chosen a curriculum and continue to work through the fidelity scale for evidence based practices. Implementation projected date will be Jan 2017. Over this last FY 16, the team has agreed to use the Change Companies Curriculum. Training will be up to 50 participates and 10 train the trainer. This will be open to the designated providers to include the Community Mental Health Centers and also other providers that strives toward treating Co-Occurring clients.*

*SCBHR does provide services to clients on the BI and ID wait list, a current we have 1 BI and 6 ID.*

***Other Pertinent Information***

*SCBHR experienced no appeals in FY16.*

*SCBHR had 11 General Assistance and 13 RCF's Exceptions to Policies in FY 15.*